

CAP MISSION PILOT CHECKOUT

DATE OF FLIGHT CHECK:

MEMBER'S NAME (print or type)		CAPSN	FAA CERTIFICATE NO.	CHAPTER NO
MEMBER'S ADDRESS (print or type)		LAST CAPF 5	DATE CAPF 101 ISSUED	CAP ROP NO (as req)

I. ORAL DISCUSSION			
A. CAPF 116 Written Exam Passed (Initial only)		VI. EMERGENCY PROCEDURES	
B. Mission Base Procedures (Sign In, Flight Plans, Reimb Forms)		A. Low Altitude Engine Failure	
C. Air-to-ground Signals		B. Ditching	
D. Mission Safety Principles		C. Landing on Unprepared Surface	
E. CAP Radio Procedures (as req)		D. Deteriorating Weather	
F. Individual & Crew Equipment/Clothing		VII. MISSION FLIGHT MANEUVERS	
G. Search Procedures		A. 720 Steep Turns	
H. Map and Chart Reading		B. Turns About a Point	
II. PREFLIGHT PLANNING		C. Message Drop Procedure (verbal)	
A. Determine Performance Limitations		D. Airspeed Control	
B. Obtain Mission Briefing		E. Low Speed Maneuvering	
C. Gridded Sectional		F. Low Level Navigation (without elec nav aids)	
D. Observer Briefing		G. Judgement	
E. Fuel Planning & Reserve		VIII. SAFETY AWARENESS	
F. Ground Team Coordination		A. Clearing	
III. VISUAL SEARCH PATTERNS & PROC		B. Vigilance	
A. Locate Grid or Area (without electronic aids)		C. Cockpit Resource Management	
B. Establish Search Altitudes			
C. Parallel Search Procedures			
D. Creeping Line Search Procedures			
E. Expanding Square Search Procedures			
F. Ground Team Coordination			
IV. ELECTRONIC SEARCH PATT & PROC			
A. Locate Starting Point (with & without elec. aids)			
B. Establish Appropriate Search Altitudes			
C. VHF-DF Procedures			
D. Wing Null Procedures			
E. Aural (build-fade) Procedures			
V. MOUNTAINOUS TERRAIN PROCEDURES			
A. Locate Grid/Area (with & without elec nav aids)			
B. Establish Search Altitude			
C. Contour Search Procedures			
D. Canyon Search Procedures			
E. Ridge Crossing Procedures			
F. Communications Procedures			
G. Wind/Updrafts/Downdrafts			
H. Mountain Wave Effect			

I certify that I have administered a cap mission pilot flight check as indicated and that the above named member:

_____ Has demonstrated proficiency required to fly as a mission pilot, see reverse for applicable comments.

_____ Has demonstrated proficiency required to fly as a mission check pilot, see reverse for applicable comments.

_____ Is not qualified, requires additional training and recheck. See reverse for comments.

DATE	FLIGHT TIME	EVALUATOR'S NAME & GRADE	EVALUATOR'S SIGNATURE
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NAME & GRADE OF UNIT OPERATIONS OFFICER	SIGNATURE	DATE:
		CONCUR NON CONCUR